

Problems of Medical Libraries in Japan

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ABSTRACT

Reference service in medical libraries should be considered more seriously by the members of the Japan Medical Library Association, as their interest so far has been focused mainly on interlibrary loan service, compilation of union lists and union catalogs, and the business side of library administration. The Association does not have enough funds to be very active, and its membership is limited to the libraries of medical and of some large dental schools. It should open its membership to other medical libraries, such as those of hospitals and medical laboratories, and eventually to individuals.

Many of the member libraries do not have complete control of their own budget, as each department of the school earmarks part of its budget for the library while it still holds the right of deciding which books and journals are to be bought and keeps a large part of them in its departmental library.

Lack of proper library school education among the library staff is one of the major problems. There are some training courses for medical librarians in the library schools and also some workshops held by the Association, but they are limited in their usefulness by the fact that there are not enough library school graduates who can take advantage of them.

ORGANIZED group activities of medical libraries in Japan began when several medical librarians of the government universities met and organized the Association of the Government University Medical Libraries in 1927. Membership has since then grown to include not only all the forty-six medical school libraries existing in Japan, but also two dental school libraries.

One of the first projects undertaken by these librarians was to compile a union list of serials in their libraries. This union list has been broadened and revised several times, as a result of activities connected with

the interlibrary loan system which kept the libraries compiling union lists and union catalogs. Other kinds of library services, however, such as promoting reference work and planning the training and recruitment of librarians, have not been sufficiently developed during the fairly long history of the Association. In the thirty-five years since the birth of the Association in 1927, about 400 items have been discussed at the annual meetings, but no discussion has been held about reference work nor even about circulation service. This fact exactly reflects the past situation of medical library activities in Japan, restricted as they were to storage functions, to collection of materials, and to interlibrary loan service. Recently, however, the scope of activities of the medical library has gradually broadened, and some of the member libraries have opened a reference section. This tendency of growing interest in service itself has been reflected at the Association's annual meeting in the form of special programs, such as the series of lectures delivered by Mr. Thomas Keys at the annual meeting held in Tokyo in 1961 or the study reports made by two young librarians to the 1962 meeting in Nara.

The Association has been going through some changes especially after the end of the last World War. For many years its organization was a relatively simple one. Whenever the Association decided to take up some project, a committee to handle the project was appointed, but there has been no standard division of work. Consequently, a lack of coordination among projects has been observed. This system worked, however, until the Association became larger and its functions more numerous. There is a feeling among the members that the structure of the Association should be reshaped in such a way as to meet the many demands now made on the Association.

PROBLEMS OF THE ASSOCIATION

Prior to the annual meeting of the Association of Medical Libraries of Japan held at the Nara Medical College in October 1962, a survey had been made by the Osaka regional group of the Association with the aim of finding out whether the present informal type of organization was still suitable for an association which had grown up rapidly in the past several years. A questionnaire had been sent to the member libraries asking their opinions on the various facets of the Association. The opinions thus gathered were far from unanimous, but they all revealed that the Association had come to a turning point and that the reshaping of the Association was inevitable at this stage of development. One of the major complaints of the members was about the inefficiency of headquarters in handling the Association's business.

Before 1947 the Association had only twelve medical school libraries as its members. In the following years other libraries had joined the Association, and finally in 1957 the last eight of all the forty-six medical school libraries in Japan became members. Since then there has been a hot discussion on the advisability for the Association to open its doors to other, smaller medical science libraries, such as hospital libraries. Although it was officially decided at the annual meeting that the Association should accept as members the above libraries, there still remains among some members a very strong feeling against the inclusion of these libraries in the Association. Membership requirements, therefore, have not been substantially lowered, and the smaller libraries can be easily discouraged from applying for membership. The reason for this strong discrimination may be traced to the fact that the Association's chief concern has been the sharing of library materials through inter-library loan activities. Therefore no small library is welcomed whose collection would not augment the Association's total book resources. It is also feared that small libraries usually do not have a large enough staff for cooperating in the compilation of union lists and catalogs. If the Association existed only for the purpose of promoting inter-library loans, then this exclusive attitude would be understandable. However, as its aim is the improvement of medical library service as a whole, as clearly stated in the Association's constitution, the present attitude of not accepting as members any other kinds of medical sciences libraries except medical and dental school libraries cannot be considered as justified.

The unification of all these different types of medical libraries into one large association and the broadening of its membership will be necessary in order to shift the focus of its interest from interlibrary loan service to all the other aspects of medical library activities, such as reference service, education for medical librarianship, recruiting, standards of medical libraries and librarians, and publications.

Lack of funds is another important problem of the Association. The annual budget consists of the membership fees paid by forty-eight member libraries. More than half of the member libraries belong to government universities where no membership fee is officially payable, because it is not an approved item of the budget. Therefore, those libraries pay their membership fees by subscribing to the Association's official publication, *Igaku Toshokan* (Medical Libraries). This publication is actually distributed to the members free, but it is no more than a pamphlet or house bulletin financially supported by one of the book dealers.

Present membership fees barely cover the salaries of the full-time staff hired at the Association's headquarters. Therefore, not enough funds are

left to do any decent work after salaries are paid. All members know these facts, but, because of the above strange regulation of governmental universities, an increase of the membership fee is nearly impossible unless the official publication, *Igaku Toshokan*, is drastically improved both in quality and in quantity in order to justify a higher subscription rate.

There can be three possible solutions for raising additional funds for the Association's activities: (1) Improve the quality and quantity of the Association's official journal, *Igaku Toshokan*, and make it possible for the government university medical libraries to pay more for its subscription. But this solution would require the availability of much greater funds if the Association has to pay all expenses for the publication. (2) Increase membership by opening the Association to individual members. But this would certainly make business matters handled at headquarters more complicated and might end up by forcing an increase of the number of full-time employees of the Association. (3) Invite pharmaceutical companies, publishers, and book dealers as associate members and let them pay higher membership fees. The third may not be a permanent solution, but it could solve the present urgent problems created by the lack of an operating fund.

At present, as members are institutions and not individuals with the exception of directors and chief librarians, individual staff members of libraries seem not to be well informed about the Association's projects. If the individual membership plan is adopted, this problem can be easily solved. And even if it is not accepted, by promoting regional group activities the interest of these individuals in the works of the Association can be aroused.

MEDICAL SCHOOLS AND LIBRARIES

Cooperation between the school of medicine and the medical library in most governmental universities is somewhat hampered by the tradition according to which the professors and the departments they represent have the final say on matters of importance. One problem concerns the sources of the library budget and its itemization. None of the member libraries gets one single big budget covering expenditures for books, periodicals, personnel, maintenance, and other necessities. Although some of the libraries get an independent budget for their materials and maintenance, the personnel budget is always in the hands of the business manager. In some member libraries even the budget for books and periodicals is not fully under the library's control. At these schools the total budget is divided among the departments, and then each of these departments gives a small portion of its funds to the library. In many

cases, therefore, the department reserves the right to buy any book or periodical it likes, and the central medical library has little control on these matters. Therefore, in some schools certain departments have built fairly large collections of their own. If they think about the limited fund a medical school can spare for its library service and of the ever growing needs for a larger library budget, though it is not easy to challenge tradition, medical school administrators should realize the fact that centralization of services and collections is more effective and more economical in the long run than decentralization and that the school cannot tolerate the waste of having so many departmental collections. This decentralization in some government universities might have been caused by the lack of a strong central authority in the medical schools, where the dean is elected from among the professors usually for a two to four year term. About this circumstance a librarian cannot do too much. But the necessity of offering better library service with limited funds may help school administrators to take a step toward a more reasonable form of library system in the near future.

Another important organizational problem of medical libraries stems from the fact that the heads of these libraries are part-time directors who have no professional knowledge of librarianship. Actually the chief librarians, who are professionals, are handling all the daily work of the libraries, but they have neither faculty status nor a strong enough voice in the school to get adequate funds for the libraries. The Board of Professors holds the real authority in Japanese medical schools. Even when a librarian who does not have faculty status is appointed director of a library he can not attend the Board's meetings, and, therefore, he is unable to obtain the necessary support for operating the library in an adequate way. The solution would be to give professional librarians faculty status and let them attend the Board's meetings, but to achieve this aim without causing too much friction librarians will have to reach much higher standards of professional education and knowledge so that they may be regarded as equal by the professors.

Not being given faculty status is certainly a very important disadvantage for medical librarians in Japan, but the actual situation is very often worse than a matter of status. There have been cases when the medical library has been given a new employee simply because he was found of no use in any other clerical job in the institution. The general tendency is to regard library work as very simple, a quiet job which does not require any special skill nor knowledge. And in some cases this opinion proves to be right. The enervating attitude of not doing anything which has not been done before is still seen in some libraries.

Unless the library can show faculty members and other employees that it needs highly spirited, well trained, and educated staffs to meet

the demands of its users, this biased opinion about the qualifications of librarians will not be corrected. Obtaining faculty status can wait till librarians begin to be regarded as highly trained professionals.

EDUCATION OF LIBRARIANS

Lack of proper library school education among the library staff is one of the major problems, not only in medical libraries, but in all sorts of libraries in Japan. At present there is only one library school at the college level. From this school forty to fifty students graduate every year. In addition to this school, there is an institute where librarians are trained. In this institute there are two groups of students: college graduates and high school graduates. There are many universities and colleges where some kind of library science course is offered; however, the courses they offer for teacher-librarians are too limited in scope for the purpose of training librarians. There are also short courses for training in-service librarians. Because the certificate for professional librarians given by the Ministry of Education has such a low standard that one can obtain it by attending either a two-month course during the day or a six-month evening course, the graduates of the above-mentioned two higher schools are accorded the same low status given to those who got their training by attending the short courses. In other words, the low standard of the government certificate is helping lower the professional status of librarians by giving the wrong impression, not only to the public, but also to librarians themselves, that with a little training anyone can become a professional librarian. As, however, this certificate was originally meant for public librarians, it could be disregarded by medical libraries, provided the Association gave its own certificate, setting stiffer requirements. But there is one very important disadvantage in following such an approach. We Japanese tend to regard government authority as the only authority, and, unless this biased opinion is corrected, no certificate issued by an association will have any actual value.

Some members in Tokyo realized the necessity of establishing a special training program for medical and pharmaceutical librarians and started a one-week workshop in 1956 under the joint auspices of the Japan Medical Library Association and the Japan Pharmaceutical Library Association to give in-service medical and pharmaceutical librarians a basic knowledge of library practices and literature and terminology in these fields. The plans for this workshop contemplate attendance for five successive years, at the end of which it is considered completed. Each year a certificate has been given with a record showing which course each individual participant has taken.

At the workshop we faced the unexpected problem of the lack of

basic library science knowledge in many of the participants. They had a great variety of educational backgrounds. Some of them had had library school education plus several years of work experience, others only high school education with neither library training nor practical experience. There were quite a number of attendants in the first-year workshop who did not know even basic indexes and abstracts in the medical sciences. A plan of dividing the workshop between different groups, one for those who had had some library science education and one for those who did not have such a background, had been discussed, but it was not adopted for various reasons.

After the completion of the first five-year program, the workshop was moved from Tokyo to the Osaka area in 1961. Immediately the complaint of not having any workshop in Tokyo began to be heard. For those librarians who are in Tokyo or in some other places located north of Tokyo, it is not easy to attend the workshop held in the Osaka area, far southwest of Tokyo. The solution for this problem will be to have two workshops, one in Osaka, one in Tokyo. And for the ones who have enough professional background, planning of an advanced workshop will be necessary. But this will require more money and more qualified teachers.

However, workshops have their limitations, and they cannot replace formal library schooling. A step in this direction was taken when with aid from the Rockefeller Foundation five new one-semester courses for training life sciences librarians were started at the Japan Library School of Keio Gijuku University in Tokyo in April 1962. But there again, though not as bad as in the case of the workshop training courses, we faced the problem of having to teach students whose background in library science was rather inadequate.

Special training courses for medical librarians are badly needed, but there is the more basic and more urgent problem of producing many more library school graduates so that there will be enough qualified candidates for the special courses in medical librarianship.

Considering the necessity of drawing more library school graduates into the medical library field from the limited number of library schools now existing and taking into account the fact that more women than men graduate from these schools, one should examine the possibility of using professional women librarians. Here again, we are up against one of our traditional feelings, namely, that of mistrusting a woman as a professional.

In practice, a Japanese library has the tendency of preferring a man without professional knowledge to a woman who has it, whenever a choice has to be made. But this is a wrong attitude. The job requires a certain number of professionally trained staff, and it does not matter

whether a man or a woman is hired. Libraries need more professional staff members, so they should get them even when they happen to be women. The main problem is that a keen realization of the necessity of having a sound recruiting program, either on the part of the Association or of individual libraries, seems to be lacking. Recruitment activities should be one of the important functions of the Association. By having many more trained librarians it would be possible to divide the work in a systematic way between the professional librarians and the nonprofessional staff. In fact, at present, because of the shortage of professional librarians, every member of the staff has to do a bit of everything. Obviously, by writing a staff manual and making staff members follow its instruction, it would be possible to systematize staff activities in a better way, but this would be only a partial solution.

CONCLUSION

In spite of their fairly long history of organized activities through the Association and of the considerable size of their collections and budget, the medical libraries in Japan somehow do not seem to have accomplished as much as they should have.

The Association should be reorganized in order to function as a modern scientific organization, while its funds should be increased to meet the Association's needs. It should reexamine its functions and divide its work among several standing committees so that it will be able to meet the needs of researchers and students of this fast developing science, medicine.

Although medical libraries are less hampered than some other university libraries by the traditional idea that libraries are merely places where books and periodicals are stored, they have to cope with the tradition of medical schools where professors prefer to have their own departmental collections and do not fully trust their librarians in their effort of being more useful to the researchers. Much of this mistrust might have been caused by the failure of medical librarians to meet the ever rising standard of their profession. While the authority and responsibility of running a library should be entrusted to professional librarians, this step can be taken only if the number of highly trained librarians is sharply increased by establishing more library schools. Such a development, incidentally, will allow the libraries to divide their activities between those which can be performed by professional librarians and those which can be dealt with by nonprofessional staff.

It is evident, therefore, that the shortage of professionally educated librarians is behind all of our problems at this stage of the development of Japan's medical libraries.